STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

CHINA CREEK VI LLC
REGENCY NEWCASTLE
7454 NEWCASTLE GOLF CLUB ROAD
NEWCASTLE, WA 98059

RE: REGENCY NEWCASTLE License # 2018

Dear Administrator:

This letter addresses Compliance Determination(s) 45064 (Completion Date 08/02/2024) and 41225 (Completion Date 06/03/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/02/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2120-2-a, WAC 388-78A-2120-4

The Department staff who did the on-site verification:
Deborah Corlis, Complaint Investigator

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: REGENCY NEWCASTLE **Provider Type:** Assisted Living Facility
License/Cert.#: 2018
Compliance Determination #: 41225 **Intake ID:** 129233
Investigator: Deborah Corlis **Region/Unit #:** RCS Region 2 / Unit D
Investigation Date(s): 05/14/2024 through 06/03/2024
Complainant Contact Date(s): 06/03/2024

Allegation(s):
Neglect: Resident change of condition not addressed.

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 2 Closed records sample size: 1
Observations:	Facility environment, common areas, resident to staff interactions, adequate staffing, residents engaged in activities.
Interviews:	Complainant, Executive Director, Medication Technician, Resident Care Coordinator, Registered Nurse.
Record Reviews:	Characteristic Roster, face sheet, care plan, progress notes, task list and schedule, Abuse and Neglect Policy.

Investigation Summary:
Failed practice identified. The Assisted Living Facility failed to monitor and respond when Named Residents condition changed. See statement of deficiency.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 05/14/2024 and 05/14/2024 of:

REGENCY NEWCASTLE
7454 NEWCASTLE GOLF CLUB ROAD
NEWCASTLE, WA 98059

This document references the following complaint number(s): 129233

The following sample was selected for review during the unannounced on-site visit: 2 of 85 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Deborah Curtis, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laurie Anderson — Residential Care Services

06/03/2024 — Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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Residential Care Services _____ Date _____

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Administrator (or Representative) Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to monitor and respond to the needs of 1 of 2 sampled residents (Resident1) when Resident 1 showed a change in condition. This failure placed Resident 1 at a decreased quality of life and a declined medical condition that resulted in hospitalization.

Findings included…

Review of Resident 1’s progress notes on 04/20/2024 at 7:54 PM showed Staff B, Medication Technician, documented that Resident 1’s feet were swollen. The progress notes documented that Resident 1 did not eat any of their meals on this date. The progress notes documented that Staff A, Registered Nurse, was aware of Resident’s 1’s change of condition.

During an interview on 05/14/2024 at 10:25 AM, Staff B, Medication Technician, stated that they were aware Resident 1 had not eaten any food or drank any fluids for the past several days. Staff B stated that they were unable to recall if they informed anyone that Resident 1 was not eating or drinking.

During an interview on 05/21/2024 at 2:57 PM, Staff A, Registered Nurse, stated that they became aware on 04/22/2024 that Resident 1 was not eating or drinking. Staff A stated that on 04/22/2024, they updated Resident 1’s care plan to include escorts to meals. Staff A stated that they were unable to recall if they were notified of Resident 1’s change of condition on 04/20/2024.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, REGENCY NEWCASTLE is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date